PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Nur

OR

QR

TOTAL

ADD'L FEE

Substitute for Form PTO-875									09930971		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUN	JMBER FILED NÚM		BER EXTRA] [RATE	FEE]	RATE	
	SIC FEE CFR 1.16(a))							s	OR		FEI
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		· · · · · · · · · · · · · · · · · · ·		x \$ =		1	x \$ =	13=
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AIMS	minus 3 = '			1 1			OR		
Ť		ENT OLAMA DOCO					X \$=		OR	X \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						l	+ \$=		OR	+ \$=	ļ
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		OR	TOTAL	
	· (CLAIMS AS AN	MENDE) – PART II	•						
		(Column 1)	**.	, (Column 2)	(Column 3)		SMALL I	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION, FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	Ī	× \$ =		OR	x \$=	
JEN JEN	Indépendent (37 CFR 1.16(b))	·	Minus	•••	=		× \$ =		OR	X \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ s =		OR	+ \$ =	
			,		<u> </u>	-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2)	(Column 3)	_					
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
) M	Total (37 CFR 1.16(c))	•	Minus		=		x \$ =		OR	x s =	
AMEN	Independent (37 CFR 1.16(b))	•	Minus		= .		× \$ =		OR	x \$ =	
Α	FIRST PRESENT	TATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))						
ل							+ \$ = TOTAL ADD'L FEE		OR OR	+ \$ = TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Cotumn-3)						
	12/29/04	CLAIMS REMAINING - AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
Z DIVIEN	Total (37 CFR 1,16(c))	12	Minus	" LO	=	,	(\$ =		OR	× \$=	
	Independent (37 CFR 1.16(b))	. /	Minus .	3	=	,	< \$=		OR	x \$=	
₹	FIRST PRESENT.	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF)	R 1,16(d))				OB		

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.